

FILED

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF INDIANA**

FOR THE NORTHERN DISTRICT  
OF INDIANA

Deborah Remy Nelson-Seamster  
PLAINTIFF

[Type or print your name on the line above]

MAGNARDS Apartments  
AND  
v. Edge water Systems  
DEFENDANT

[Type or print only the name of the first  
person you are suing. List everyone you  
are suing on page 2.]

**2 13 CV 265**

Cause No. \_\_\_\_\_

[Leave this blank, the clerk will  
supply the cause number when  
your case is received.]

**COMPLAINT  
42 U.S.C. § 1983**

I. PARTIES

A. PLAINTIFF [You are the plaintiff in this lawsuit. Neatly print or type your information below.]

1. Deborah Remy Nelson-Seamster  
Name: First Middle Last

2. What is your address: 1510 North Glenwood Ave Apt 2C  
Griffith, IN 46319

Phone number (219) 595-0109

B. DEFENDANT(S) How many defendants are you suing: 2

[The defendants are the people you are suing. Print or type the defendant's name, job title, the state or local government agency the defendant works for, and the address of that government agency. Remember to include the defendant you named in the caption on page one. If you are suing more than one defendant, number them.]

# Defendant's Name      Job Title/Government Agency      Work Address

1. MANSARDS Apartments  
Attorney Carol Jackson  
Law Offices of Karl E Hand, PC  
3235 - 45th Street  
Highland, Indiana 46322
- 2) Edgewater Systems (Danita Hughes) - President  
1100 West Sixth Avenue  
Gary, IN. 46402

## II. CAUSE(S) OF ACTION WITH SUPPORTING FACTS

Write why you are suing each defendant. Write who, what, when, where, and how you believe your rights were violated. It is **VERY IMPORTANT** that you use each defendant's name in describing what happened to you. If you do not write what each defendant did, the court will not know why you are suing and that defendant will be dismissed.

Explain what constitutional or federal law right, privilege or immunity each defendant violated. Do not cite or quote cases or statutes. If you want to make legal arguments or citations, you must file a separate memorandum of law. Do not attach it to this complaint.

Write a new paragraph for each violation. Name each defendant involved in that violation.

Number your paragraphs.

1. Civil Rights violation under  
# 446 Americans w Disabilities, with  
Both MANSARDS Apartments and Edgewater  
Systems. Enter under contract with Both Parties  
to pay 100.40 cents per month for Rent And  
Expenses for Utilities.
- 2) Edgewater responsible for deposit and  
other portions of Rent. MANSARD were to  
Contact Edgewater about Rent being that I am  
A Disabled Veteran.
- 3) Mansard charged over Rent fees and took  
# 100.00 of my money. Edgewater drop or removed  
me from Program paying Rent.
- 4) Eviction in Process / I will be Homeless/Disabled.

Cause(s) of Action with Supporting Facts (continued)

3) MANSARDS Refused to Accomodate for Disabilities in Apartment or maintenance after written request

III. PREVIOUS LAWSUITS

Have you ever sued anyone for the same things you wrote about in this complaint?

☐ NO ☒ YES - [Print or type the following information about the case. Attach additional sheets if there is more than one prior case.]

Court: United States District Court Illinois

Judge: Bucklo Docket Number: 13CV5390

Date filed: July 29, 2013 Date closed: Open

IV. RELIEF

Write exactly what you want the court to do for you. This court cannot order that a defendant be fired, investigated, or criminally prosecuted.

Order that Edgewater be Held Responsible  
for me as their Client And Reinstate Programs  
Order that Eviction Process be Stopped.

V. VERIFICATION AND SIGNATURE

**Initial Each Statement and Sign at the Bottom**

DNS I have included two properly completed summons forms (available from the clerk) for each defendant I am suing, including full name, job title and work address.

DNS I have included one properly completed process receipt and return form (USM-285) (available from the U.S. Marshal) for each defendant I am suing.

DNS In addition to this complaint with an original signature, I have included one copy of this complaint for each defendant and one extra for the court.

DNS I have included full payment of the filing fee **OR** attached a properly completed petition to proceed *in forma pauperis* (available from the clerk).

DNS I agree to promptly notify the clerk of any change of address.

DNS I have read all of the statements in this complaint. *[Do not forget to keep a copy for your records.]*

DNS I declare **under penalty of perjury** that the foregoing is true and correct.

Signed this 1st day of August, 2013.

Deborah Nelson-Semster  
Your Signature

Mail all of these papers to the appropriate Clerk's office - see next page for addresses.



CIVIL COVER SHEET

The civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

(a) PLAINTIFFS

Deborah Remy Nelson-Seamster

DEFENDANTS

President Obama  
The White House Administration

(b) County of Residence of First Listed Plaintiff

Lake County IN.

(EXCEPT IN U.S. PLAINTIFF CASES)

County of Residence of First Listed Defendant

Cook

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.

(c) Attorney's (Firm Name, Address, and Telephone Number)

ONE to be Appointed

Attorneys (If Known)

JUL 29 2013

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

II. BASIS OF JURISDICTION

(Place

☐ 1 U.S. Government Plaintiff

☐ 3 Federal Qui (U.S. Go

☒ 2 U.S. Government Defendant

☐ 4 Diversity (Indicate in Item III)

13cv5390  
Judge Bucklo  
Mag. Judge Finnegan

POF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

PTF DEF  
☐ 1 ☒ 1 Incorporated or Principal Place of Business In This State

☒ 2 ☐ 2 Incorporated and Principal Place of Business In Another State

Citizen or Subject of a Foreign Country ☐ 3 ☐ 3 Foreign Nation ☐ 5 ☐ 6

IV. NATURE OF SUIT

(Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (excl. vet.) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Inj.	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce/ICC Rates/etc. <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Satellite TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Security/Commodity/Exch. <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 891 Agricultural Act <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes <input type="checkbox"/> 890 Other Statutory Actions
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS	LABOR	SOCIAL SECURITY
<input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 445 ADA—Employment <input type="checkbox"/> 446 ADA—Other <input checked="" type="checkbox"/> 440 Other Civil Rights	<input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> Habeas Corpus: <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition	<input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609

V. ORIGIN

(PLACE AN "X" IN ONE BOX ONLY)

☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from another district (specify) ☐ 6 Multidistrict Litigation ☐ 7 Appeal to District Judge from Magistrate Judgment

VI. CAUSE OF ACTION

(Enter U.S. Civil Statute under which you are filing and write

1st Amendment. My Right to ask for assistance or file a complaint without fear of punishment was violated after calls, emails, letters of my situation.

VII. PREVIOUS BANKRUPTCY MATTERS

(For suit 422 and 423, enter the case number and judge for any associated bankruptcy matter previously adjudicated by a judge of this Court. Use a separate attachment if necessary)

VIII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMAND \$

CHECK YES only if demanded in complaint:  
JURY DEMAND: ☒ Yes ☐ No

IX. This case

☒ is not a refiling of a previously dismissed action.

☐ is a refiling of case number \_\_\_\_\_, previously dismissed by Judge \_\_\_\_\_

DATE

SIGNATURE OF ATTORNEY OF RECORD

7-29-13

Deborah Remy Nelson-Seamster

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

IN THE HAMMOND CITY COURT  
SITTING AT HAMMOND, INDIANA

MANSARDS APARTMENTS, LP,  
Plaintiff,

-vs-

CAUSE NO. 45H04-1207-PL-

Deborah Seamster,  
AND ALL OCCUPANTS  
1510 N. Glenwood Avenue  
Bldg. 40, Apt. 2C  
Griffith, IN 46319  
Defendant

JUL 30 2013

ORDER FOR SHOW CAUSE HEARING

TO: BAILIFF

You are commanded to serve upon the above-named Defendant(s) a copy of this Order notifying the above-named Defendant(s) that Plaintiff has filed a Verified Complaint and Affidavit for Immediate Possession of the following-described real estate, to wit:

**1510 N. Glenwood Avenue, Bldg. 40, Apt. 2C, Griffith, Indiana 46319**

Provided, however, that you shall forthwith serve a copy of this Order on the Defendant(s) along with Summons and Complaint, if they can be found, or if they cannot be found, by leaving it at the Defendant's usual abode or either with some person of suitable age and discretion, or if the Defendant(s) has no known usual place of abode, by mailing it to the Defendant's last known address.

Preliminary hearing on the Plaintiff's Affidavit for Immediate Possession is hereby set for **August 7, 2013, at 11:00 a.m.** at the Court House, **5925 Calumet Avenue, Hammond, Indiana 46320**, and the Defendant(s), at such time and place, may testify or file an Affidavit on their behalf with the Court; may file with the Court a written undertaking to stay the delivery of the property in accordance with the provisions of the 1973 "Ejectment Act"; and if Defendant(s) fail to appear, Plaintiff may be granted a Judgment of Possession.



JUDGE/REFEREE, HAMMOND CITY COURT

DATED: JUL 31 2013

A TRUE COPY

CLERK

BY:

DEPUTY

This is an attempt to collect a debt and all information will be used for that purpose.

SOCIAL SECURITY ADMINISTRATION

Date: January 17, 2013

Claim Number: ~~340-0000000000~~  
~~340-0000000000~~

DEBORAH R SEAMSTER  
APT 206  
5704 CYPRESS AVE  
GARY IN 46403-1974

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning January 2013, the current  
Supplemental Security Income payment is.....\$ 710.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

Date of Birth Information

The date of birth shown on our records is March 18, 1967.

Other Important Information

IN THE FUTURE, PLEASE VISIT [WWW.SOCIALSECURITY.GOV/MYSTATEMENT](http://WWW.SOCIALSECURITY.GOV/MYSTATEMENT) TO OBTAIN INSTANT ACCESS TO YOUR BENEFIT VERIFICATION LETTER.